

POSITION	INITIALS	ST. NO.	DATE
<b>FEE DETERMINATION</b>	JB		04-12-0
<b>O.I.P.E. CLASSIFIER</b>	LM	32	5/13/01
<b>FORMALITY REVIEW</b>	MTB	954	
<b>RESPONSE FORMALITY REVIEW</b>			

DC4 1954

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Date
1	5/8/01
2	5/24/01
3	5/24/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here